DATE: June 4, 2012

To: Wisconsin Government Accountability Board

FROM: Matt Spencer

, 20 12

My commission expires

(Signature of person authorized to administer oaths)

Notary Public or (official title if not notary)

\_, or (s permanent)

RE: Challenges to nomination papers for Jesse Roelke, 84<sup>th</sup> Assembly District Pursuant to GAB 2.07, I am challenging the following signatures for Jesse Roelke, who has filed nomination signatures for the 84<sup>th</sup> Assembly District. The following signatures were found to be out of the 84th Assembly District: Page 4 Line 10 Address not located in 84<sup>th</sup> Assembly District Page 12 Line 8 Address not located in 84<sup>th</sup> Assembly District Page 9 Line 6 Address not located in 84<sup>th</sup> Assembly District Page 5 Line 1 Address not located in 84<sup>th</sup> Assembly District Page 16 Line 5 Address not located in 84<sup>th</sup> Assembly District Page 3 Line 5 Address not located in 84<sup>th</sup> Assembly District Page 25 Line 2 Address not located in 84<sup>th</sup> Assembly District Page 19 Lines 2,3,5,6, 10 Addresses not located in 84<sup>th</sup> Assembly District Finally, Jesse Roelke turned in 208 signatures, I have identified 12 invalid signatures. As a result an insufficient number of signatures were filed. Complainant's signature I. Mither Sperce \_\_\_\_\_, being first duly sworn, on oath, state that I personally read the above complaint, and that the above allegations are true based on my personal knowledge and, as to those stated on information and belief, I believe them to be true. Complainant's signature STATE OF WISCONSIN) )ss. County of (county of notarization) Sworn to before me this\_

Conditions	NO	MINAT				PARTIS					
Candidate's name; no titles may be used.  Jesse Roelke			name o	f street or	road	ber: box number	(if rural rou	Name of municipality for voting purposes  Town  Village Roxbury			
Name of municipality for mailing	State	Zip code	10/8	4 He	rbrand	Election date		Name of Party or Statement of Principle	(5 words or less)		
Sauk City	WI	53583			neral	11/6/201	2				
Title of office		District or	Jurisdiction	<u>-</u> -	ecial		Name of	Democratic F			
State Assembly		District	number <u>8</u> tion (county	4			1	Assembly District	SECKS OFFICE		
the undersigned, request that the candidate representing the party or steed above. I am eligible to vote in any other candidate for the same off	statement	of principle ediction or d	indicate	d above	, so that v	oters will hav	e the opp	oortunity to vote forÆNim or □	her for the offi		
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3. Jennifor Lode	iba-1	lone 3	GISS Wyk	rsi.	85ex	<u>्राज्य इ</u>		Town Village Lity  Milwauke	5-314		
4. Lauren Wik	ens	3	1628 Wlike	5.8	kei	3F. W 53		Town Village Milwaukoe	5/31/1		
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Lef1/12	<del></del>					{	<u> </u>	De WK	$\subseteq$		
(Date)						•	-	(Signature of circulator)			

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Candidate's name; no titles may be used.		<del></del> -	Street, fire, or rural route number; box number (if rural route); and Name of municipality for voting purposes							
Jesse Roelke			1	of street of road 84 Herbrand	d Rd.		□ Village Roxbul □ City	ry		
Name of municipality for mailing purposes	State	Zip code		Type of election	Election date		Name of Party or Statement of Pri	nciple (5 words or less)		
Sauk City	WI	53583		general special	11/6/201	2	Democratio	mocratic Party		
Title of office	.l					Name of ju	risdiction or district in which candi	date seeks office		
State Assembly		District U Jurisdie	trict number 84 84th Assembly District							
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Candidate's name; no titles may be used.				. fire, or of street		nber; box number	(if rural rou	ite); and	<b>≅</b> Town	micipality for <u>votir</u>	ig purposes
Jesse Roelke			678	34 H	lerbran	d Rd.			☐ Village ☐ City	Roxbury	
Name of municipality for <u>mailing</u> purposes	State	Zip cod	e	Type	of election	Election date		Name o	f Party or Stat	ement of Principle	(5 words or less)
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Title of office			rict or Jurisdictic istrict number _					•		i which candidate s	eeks office
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Confident	NC	JIVLLIN		PAPER FOR				<b>,</b>	dina managa	
Candidate's name; no titles may be used.  Jesse Roelke			nam	et, fire, or rural route nume ne of street or road 784 Herbran		(II HIFAI FOL	ne); and	Name of municipality for <u>vo</u> Town  Village Roxbury  City	ung purposes	
Name of municipality for mailing purposes	State	Zip co	de	Type of election	Election date		Name o	of Party or Statement of Princip	le (5 words or less)	
Sauk City	WI	535	83	general special	11/6/201			emocratic l		
Title of office			0.4					on or district in which candidate	e seeks office	
State Assembly		נٔ ם	District number 04 84th Assembly District							
the undersigned, request that the candidate representing the party or sted above. I am eligible to vote in any other candidate for the same off	statemen ı the juri	t of prin	nciple indic n or district	ated above, so that	voters will hav	e the op	portunit	ty to vote for 🎾 him or 🕻	I her for the of	
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personally circulated this nomination district the candidate seeks to represente. I know their respective resider 1.13(3)(a).	esent. I l	know th	at each per	son signed the pape	er with full knov	vledge of	its cont	tent on the date indicated	opposite his or	
5/31/12						70	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
(Date)								(Signature of circulator)		

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Candidate's name; no titles may be used.			Street	. fire, or rural route num	ber; box number (	(if rural rout		Name of municipality for voting	ourposes			
Jesse Roelke			1	of street or road 34 Herbrand	d Rd.		(	■Town □ Village Roxbury □ City				
Name of municipality for mailing	State	Zip code	10,0	Type of election	Election date			Party or Statement of Principle (5	words or less)			
purposes	wi	53583	•	general	11/6/201	2	Der	emocratic Party				
Sauk City		District or	Jurisdiction	special special	l	Name of j	Name of jurisdiction or district in which candidate seeks office					
State Assembly		■ Distric	t number _ etion (cour	84		84th <i>i</i>	Assem	ibly District				
I, the undersigned, request that the candidate representing the party or listed above. I am eligible to vote any other candidate for the same of	statement in the juris	of principl diction or o								; f		
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1. 6784 He	clove	t and	V AX	TIFICATION OF	CIRCULAT	or Sse	5	Roelke certify:				
I reside at6784	Her	Grew (Circula	ator's resi	Poylown idence - Include numi	bef street, and	municipal	lity.)			<b>-</b> ·		
I personally circulated this nomination district the candidate seeks to rename. I know their respective resi	on paper a present. I dences giv	and persona	ally obtai	ined each of the sig	natures on thi	s paper.	I know th	nat the signers are electors ent on the date indicated of certification is punishable	s of the jurisdicti opposite his or h under Wis. Stat	on ier . §		
12.13(3)(a).							M	114	~	_		
(Data)						/	1	(Signature of circulator)				
(Date) GAB-168   Rev 2011-09   Governm	ent Accou	ntability Boa	ard, P.O	. Box 7984, Madiso	n, WI 53707-7	7984 68	<b>/</b> 8-261-202	28   web: gab.wi.gov   ema	il: gab@wi.gov			
C. 15 155   1.55   25   55   55   55   55   55   55	,		•			V		Page No.	16)			

6 1

# NOMINATION PAPER FOR PARTISAN OFFICE

	NO	MINATI	ON 1	APER FUR	IAKIIS	TI OLI	C
Candidate's name; no titles may be used.  Jesse Roelke		name	, fire, or rural route num of street or road 34 Herbrand				
Name of municipality for mailing	State	Zip code		Type of election	Election date		Name of Party or Statement of Principle (5 words or less)
purposes	WI	53583		general special	11/6/201		Democratic Party
Sauk City		1 2 2 2				Name of jui	risdiction or district in which candidate seeks office
Title of office		District or J		84			ssembly District
State Assembly		☐ District :	number _				Was all a leader described above as a

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for the interpretation of listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

y other candidate for the same office at this election	on.		
THE MUNICIPALITY USED FOR MAILIN THE NAME	IG PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1'B Jan + Solar	3215 5 84 51 MILVUPKEC WI 53227	D Town Willage Willage Scity	5-37-12
2. Muresch fund	33141 5 84th St. #2	U Village WILW	5-31-10
3. Phil	35545 84th St-	UTOWN UVIllage Mil W UCity	5.31.12
4. Jon Cha	3630 84th st Milw WI 53228	□ Town □ VIllage St City  Mi/W	5-31-/2
5. passalya Bourses	3742 S.84 55- m1. W1.53228	□ Town □ Village □ City / / /	5-31-13.
Brenner	3560 893 MILW. W153228	□ Town □ Village □ City	5/3/200
7. Royal S	3710 5 94th St Milw. WI 53228	Town Williage MI/WAJKER	5/3/12
8.		□ Town □ Village □ City	,
9.		□ Town □ Village □ City.	
10.		☐ Town☐ Village☐ ☐ City	
D. La Van	CERTIFICATION OF CIRCULATOR	certify:	

1		
Day Van	CERTIFICATION OF CIRCULATOR	, certify:
1, W 1050 \$ 16 11	(Name of circulator)	105
I reside at	plator's residence - Include number, street, and municipality.)	and the jurisdiction
Circulated this nomination paper and person	nally obtained each of the signatures on this paper. I kn	now that the signers are electors of the jurisdiction of the particular to the content on the date indicated opposite his or her

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

5/31/12

(Signature of circulator)

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Candidate's name; no titles may be used.			Street, fire, or rural route number; box number (if rural route); and name of street or road  Name of municipality for voting purposes							
Jesse Roelke			1	Herbran	d Rd.		□ Village Roxbury □ City	٠		
Name of municipality for mailing	State	Zip code	Ту	pe of election	Election date		ame of Party or Statement of Principle	(5 words or less)		
Sauk City	WI	53583	- 0	l general special	11/6/201		Democratic F	_		
Title of office	L	District or J	urisdiction 84			_	sdiction or district in which candidate s	seeks office		
State Assembly		■ District n □ Jurisdicti	numder			84th As	sembly District			
the undersigned, request that the candidate representing the party or sted above. I am eligible to vote in other candidate for the same off	statement n the juri	t of principle sdiction or di	indicated a	above, so that	voters will hav	e the opport	tunity to vote for 🗘 him or 🗖	her for the off		
THE MUNICIPALITY					T THAN MUNICII ENCE MUST AL		ESIDENCE, IS NOT SUFFICIENT. STED.			
SIGNATURES OF ELECT	rors	Rı		NUMBER OR F s must also incl	RURAL ROUTE ude box or fire n		UNICIPALITY OF RESIDENCE icate Town, Village, or City	DATE OF SIGNING		
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7. Mad Boal		+	<del>48</del> 191. NES	39 89H LAMIS	757	□ Tow □ Villa □ Celty	age ( a) (A) (C)	5/31/1		
8 By Bull		80	24D (	w. Trip	015	□ Tow □ Villa Æ City	age and it is to asset	5/31		
Ely Dyn		sìo	mil	s. Tripo	e.	☐ Tow ☐ Villa Æ City	age i	5/3/1		
Harry M	lle		e6 Z. Mila	3 W.	57243	Town 120 Villa (A) City	mage Mi(W.	5/3/		
Jesse J K	Poel K	e c	ERTIFIC		CIRCULATO	OR .	, certify:			
eside at <u>6784</u>	1ept	•	s residence	- Include numb	er, street, and pr	unicipality.)				
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.B-168   Rev 2011-09   Governmen	t Account	ability Board,	P.O. Box 7	7984, Madison	, WI 53707-79	84   61/08-261	1-2028   web: gab.wi.gov   ema	ill: gab@wl.gov		



Candidate's name; no titles may be used.		<u> </u>	Street, f	ire, or rural route nur	mber; box number	(if rural rou	ite); and Name of municipality for voting	ig purposes				
Jesse Roelke				street or road 4 Herbran	4 D4		□ Village Roxbury					
Name of municipality for mailing	State	Zip code		Type of election	Election date		Name of Party or Statement of Principle	(5 words or less)				
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(Date)

Page No. (19)

DATE: June 4, 2012

To: Wisconsin Government Accountability Board

FROM: Matt Spencer

My commission expires

Notary Public or (official title if not notary)

\_\_\_\_, or is permanent.

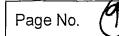
12 JIM-4 PM 4:54

RE: Challenges to nomination papers for Jesse Roelke, 84<sup>th</sup> Assembly District Pursuant to GAB 2.07, I am challenging the following signatures for Jesse Roelke, who has filed nomination signatures for the 84<sup>th</sup> Assembly District. The following signatures were found to be out of the 84<sup>th</sup> Assembly District: Page 4 Line 10 Address not located in 84<sup>th</sup> Assembly District Page 12 Line 8 Address not located in 84<sup>th</sup> Assembly District Page 9 Line 6 Address not located in 84<sup>th</sup> Assembly District Page 5 Line 1 Address not located in 84<sup>th</sup> Assembly District Page 16 Line 5 Address not located in 84<sup>th</sup> Assembly District Page 3 Line 5 Address not located in 84<sup>th</sup> Assembly District Page 25 Line 2 Address not located in 84<sup>th</sup> Assembly District Page 19 Lines 2,3,5,6, 10 Addresses not located in 84<sup>th</sup> Assembly District Finally, Jesse Roelke turned in 208 signatures, I have identified 12 invalid signatures. As a result an insufficient number of signatures were filed. I. Mether Sperce being first duly sworn, on oath, state that I personally read the above complaint, and that the above allegations are true based on my personal knowledge and, as to those stated on information and belief, I believe them to be true. Complainant's signature STATE OF WISCONSIN) County of (county of notarization) Sworn to before me this 4 . 20 1 (Signature of person authorized to administer oaths)

controller's name, no thirt may be used.				t. tire, or tural route nu of street or road	imber; box number	); and	Name of munic	ipality for <u>vo</u>	ting purposes	
Jesse Roelke			l	34 Herbran	ıd Rd.			□ Village Re □ City	oxbury	
Name of municipality for mailing	State	Zip code		Type of election	Election date	1	Same of	Party or Statem	ent of Princip	le (5 words or less)
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AB-168   Rev 2011-09   Governmen	t Accounta	bility Board, P.	.O, Bo	x 7984, Madison, \	WI 53707-798	4   608-261-	2028	web: gab.wi.	.gov   emai	l. gab@wi.gov

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Candidate's name; no titles may be used.	-	<del></del>		fire, or rural route num	ber; box number	(if rural r	route); and Name of municipality for voting	purposes
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Candidate's name; no titles may be used.	<del></del>			t. fire, or rural route nun	ıber; box number (il	f rural route); and	Name of municipality for voting	purposes
Jesse Roelke			i	of street or road 34 Herbrand	d Rd.		■ Town □ Village Roxbury □ City	-
Name of municipality for mailing purposes	State	Zip code		Type of election	Election date	Name	of Party or Statement of Principle (	5 words or less)
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Page No (2)

Candidate's name; no titles may be used.				ire, or tural route nu	nber; box number	(if rural rout	e); and N	ame of municipality for votin	g purposes
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	Name of municipality for voting purposes
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Jesse Roelke			678	34 Herbran	d Rd.		Q Village Roxbury			
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Sauk City	WI	53583		■ general □ special	11/6/201	12	emocratic F			
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SIGNATURES OF ELECT	ORS			ET & NUMBER OR dress must also inc			NICIPALITY OF RESIDENCE ate Town, Village, or City	DATE OF SIGNING		
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2. Murese In	chy.	Q V	331. Vilu	14 5 E	14th 5)- 5322	Town		5-31-11		
3. Skli	1. Z	3	554°		3228	☐ Town☐ Villa		5.31.12		
4. Tou Cha		<u> </u>	3630 111W	84th 6	st 53228	☐ Town ☐ VIIIa ☑ City		5-31-12		
5 puasalyu po	فعمور		379 MI-	12 S.8 W1.53	228	☐ Town ☐ Villa		5-31-13		
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8.						☐ Tow ☐ Villa ☐ City		,		
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10.			-		<u> </u>	□ Tow □ Villa □ City	ge			
Prit	2 Ko	w		TFICATION OF	CIRCULAT	OR	certify:			
I reside at 12530	<u>Va</u>	A A A A A A A A A A A A A A A A A A A	ator's resid	V # 5 /\ dence - Include num	MAMSG ber, street, and	municipality.)	J	m of the jurisdiction		
l personally circulated this nomination or district the candidate seeks to repname. I know their respective residuals (3)(a).	n paper a resent. I ences giv	and persona know that e en. I intend	ally obtain each pera d to supp	ned each of the si son signed the pa port this candidate	gnatures on thi per with full kno . I am aware t	s paper. I kno owledge of its that falsifying t	w that the signers are electocontent on the date indicated his certification is punishable	opposite his or her under Wis. Stat. §		
215/110					-					

(Date)

(Signature of circulator)

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Page No.



# 6

Candidate's name; no titles may be used.  Jesse Roelke  Name of municipality for mailing	<del>-1 a</del>			84	Herbran	mber; box number	r (if rural ro	ute); and	Name of municipality for Town  Village Roxbur	
Sauk City Title of office	State Zip code WI 53583			Type of election  Graph general  Special  Election date  11/6/20		10		f Party or Statement of Principle (5 words or 1)  Mocratic Party		
State Assembly	·	District o Distric Distric	number_ tion (cou	84 .ty)			84th A	urisdiction Assen	n or district in which candid	ate seeks office
the undersigned, request that the candidate representing the party or sated above. I am eligible to vote in the same off	candidate statement the juris ice at this	whose nan of principle diction or d selection.	e and a indicat istrict ir	ddress ed abo	are listed above, so that which the candidate	ove, be placed oters will hav ate named abo	l on the be the oppose the seeks	allot at to ortunity office.	he election described to vote for him or I have not signed the	above as a  her for the nomination pa
	SED FOR	MAILING PU	RPOSES	. WHE	V DIFFERENT				ICE, IS NOT SUFFICIEN	
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July Soll		>   l	) ]	i t	Halen		□ Tov	vn age 1	18xf Athe	5/2//
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Jesse J Roe	lke				N OF CIRC	CULATOR	July 1	.	in.	2/3/
e at	46n	irculator's res	arne of ci	Include	Lox number stre	et, and municip	pality \		, certify:	· ·
nally circulated this nomination pape ct the candidate seeks to represent. I know their respective residences of (a).	r and per	Sonaliv obta	ined es	ch af f	ho siemet		-	that the itent on certifica	signers are electors o the date indicated op ition is punishable un	f the jurisdiction posite his or he der Wis, Stat. 8
(Date)						·		<u> </u>	<u></u>	
							/1		_ ,	

Page No. 7



Candidate's name; no titles may be used. Jesse Roelke Name of municipality for mailing

State Assembly

Sauk City

Title of office

State

WI

Zip code

53583

☐ Jurisdiction (county)

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	1	04 3110	or rural route nu cet or road Herbran	mber; box numbe d Rd.	r (if rural ro	ute): and	Name of municipality for <u>voting</u> purposes  Town  Village Roxbury
p code		Тур	e of election	Election date		Name o	f Party or Statement of Principle (5 words or less)
3583			general special	11/6/201	12	i	mocratic Party
District or J	urisdictio	)I)		<del></del>	T Many of		
District n	umber_E	34					n or district in which candidate seeks office

84th Assembly District

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for him or the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of

The same office at this elect		beens office. I have not signed the no	
THE MUNICIPALITY USED FOR MAILI THE NAME	NG PURPOSES, WHEN DIFFERENT THAN MUNICIPAL OF THE MUNICIPALITY OF RESIDENCE MUST ALWA	LITY OF RESIDENCE, IS NOT SUFFICIENT.	
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE indicate Town, Village, or City	DATE OF
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2 x Olly Whole	13509 W. PORCH DY	Dis Town □ Village	5/2/1
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Thek Ou	Milus AH 53213	Ulliage Milwarcee	5/3/12
Sesse S Roelke side at 6784 Herbrand	CERTIFICATION OF CIRCULATOR	certify:	<del>= 7</del> J
(Circular rsonally circulated this nomination paper and personal istrict the condition of t	lor's residence - Include number, street and municipal ly obtained each of the signatures on this paper.		he luriediction
e. I know their respective residences given. I intend (3/3)(a).	to support this candidate. I am aware that falsify	of its content on the date indicated oppoing this certification is punishable unde	site his or her r Wis, Stat. §
(Date)		(Signature of circulator)	<u></u>
3-168   Rev 2011-09   Government Accountability Board	i, P.O. Box 7984, Madison, WI 53707-7984   608	261-2028   web: gab.wi.gov   email: gal	o@wi.gov